

ISSUE SLIP STAPLE AREA (for additional cross references)

09/ 832, 093

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1		
O.I.P.E. CLASSIFIER		48	5/18/01
FORMALITY REVIEW	80	555	5/24/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/17/01
2	✓	✓	5/17/01
3	✓	✓	5/17/01
4	✓	✓	5/17/01
5	✓	✓	5/17/01
6	✓	✓	5/17/01
7	✓	✓	5/17/01
8	✓	✓	5/17/01
9	✓	✓	5/17/01
10	✓	✓	5/17/01
11	✓	✓	5/17/01
12	✓	✓	5/17/01
13	✓	✓	5/17/01
14	✓	✓	5/17/01
15	✓	✓	5/17/01
16	✓	✓	5/17/01
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25	✓	✓	5/17/01
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43	✓	✓	5/17/01
44	✓	✓	5/17/01
45	✓	✓	5/17/01
46	✓	✓	5/17/01
47	✓	✓	5/17/01
48	✓	✓	5/17/01
49	✓	✓	5/17/01
50	✓	✓	5/17/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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